THE UNITED STATES PATENT AND TRADEMARK OFFICE

#4/A K DAVIS

Appln No.:

10/006,461

Applicants:

Cathryn E. Goodman et al.

Filed:

December 6, 2001

For:

Method and Apparatus for

Asperity Sensing and Storage

TC/A.U.:

2623

Examiner:

Vikkram Bali

Docket No.:

CM01497I (72458)

Customer No.: 22242

Confirmation No. 3518

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

12/30/03 Date

Steven G. Parmelee Registration No. 28,790 Attorney for Applicant(s)

RECEIVED

JAN 0 6 2004

AMENDMENT

Technology Center 2600

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

In response to the Office Action mailed October 3, 2003 as entered in the abovecaptioned matter, the applicant respectfully submits the following amendment and response.

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.



N THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Filed: December 6, 2001

Applicant(s): Cathryn E. Goodman et al.

Title:

Method and Apparatus for

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Art Unit: 2623

Vikkram Bali Examiner:

Attorney Docket No.: CM01497I (72458)

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Date

Steven G. Parmelee Registration No. 28,790 Attorney for Applicant(s)

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Technology Center 2600

Mail Stop NON-FEE AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is enclosed.
- No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended		Previously Paid For		Present Extra		Rate	,	Additional Fee
Independent Claims	9	_	9	**=	0	x \$	86.00	= \$	0.00
Total Claims	51		51	* =	0	_ _ x \$	18.00	= \$	0.00
Fee for Multiply Dependent Claims					-	\$	290.00		
** At least 3					Total Additional Fee			\$	0.00
* At least 20								_	

- At least 20
- Applicant(s) assert entitlement to Small Entity Status (37 C.F.R. § 1.27), thus reducing the fee by half to:

0.00

A check in the amount of \$_____ is enclosed.

Application No. 10/006,461 Amendment dated December 30, 2003 Reply to Office Action of October 3, 2003

	Charge	\$	to	Deposit	Account	No.	06-1	135.
_		`						

The Director is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Director is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

December 30, 2003
Date

Steven G. Parmelee Registration No. 28,790

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